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| **Criminal History Disclosure Form** |

Tacoma Community College (TCC) enters into affiliation agreements with hospitals, medical clinics, nursing homes and other licensed providers to allow TCC students to obtain clinical experiences necessary to complete their academic program. The affiliation agreements between the training sites and TCC require the college to obtain annual comprehensive background checks for health science program students/faculty who will provide direct services, or have unsupervised access to, or direct contact with certain vulnerable populations as defined in the Washington State Child and Adult Abuse Information Law RCW 43.43.830-842. Charge(s), conviction(s), and or/ criminal history information, including information regarding
certain court and administrative determinations, must be disclosed and verified before an applicant or student/faculty can be considered for placement at a clinical site. A conviction/criminal history record does not necessarily disqualify an individual from placement at a clinical site. However, certain criminal convictions and certain court administrative determinations may preclude assignment to a clinical site, which will prevent your completion of the program of study. Your clinical site will also require you to provide it with a criminal background check before you begin your clinical assignment or may require you to undergo a criminal background check of the agency’s choice prior to beginning a clinical experience in that agency. Your assignment to a clinical training site will be conditioned upon receipt of the disclosure form and report that is satisfactory to TCC and to the training site.

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| **A. CRIMES AGAINST PERSONS, RELATING TO FINANCIAL EXPLOITATION:** |
| **Have you ever been charges or convicted of any of the following crimes?** (Include crimes that may have been renamed)*If yes, please check all that apply and provide detailed information in Section G* |
| Abandonment of a child  | Extortion (1st, 2nd, 3rd)  | Promoting suicide attempt |
| Abandonment of a dependent person  | Forgery  | Prostitution |
| Abuse/Neglect of a child: RCW 26.44.020  | Harassment  | Rape (1st, 2nd, 3rd) |
| Arson  | Homicide by abuse  | Rape of a child (1st, 2nd, 3rd) |
| Assault (Custodial)  | Homicide by watercraft  | Reckless endangerment |
| Assault (1st, 2nd, 3rd, 4th Degree, Simple)  | Identity theft  | Robbery (1st, 2nd, 3rd) |
| Assault of a child(1st, 2nd, 3rd)  | Incendiary devices  | Selling erotic material to minor |
| Burglary (1st)  | Incest  | Sexual exploitation of a minor |
| Child buying or selling  | Indecent exposure  | Sexual misconduct with a minor |
| Child molestation (1st, 2nd, 3rd)  | Indecent liberties  | Stalking |
| Coercion  | Kidnapping  | Theft (1st, 2nd, 3rd) |
| Commercial sexual abuse of a minor  | Luring  | Unlawful imprisonment |
| Communication with a minor  | Malicious explosion (1st, 2nd, 3rd)  | Unlawful use of building for drug purposes |
| Criminal abandonment  | Malicious harassment  | Use of machine gun in felony |
| Criminal mistreatment  | Malicious mischief  | Vehicular assault |
| Controlled substance homicide  | Manslaughter  | Vehicular homicide |
| Custodial interference  | Murder, aggravated  | Voyeurism |
| Custodial sexual misconduct  | Murder (1st, 2nd)  | Violation of child abuse restraining order |
| Dealing in depictions of minor engaged in sexual explicit misconduct | Patronizing juvenile prostitute | Violation of anti-harassment protection order |
| Domestic Violence | Promoting pornography |  |
| Drive by shooting  | Promoting prostitution |  |
| **B. RELATED PROCEEDINGS** *(If* ***yes****, provide detailed information in Section G)* |
| Have you ever been found in any judicial or administrative adjudicative proceeding to have committed: domestic violence, abuse, sexual abuse, neglect, abandonment, violation of a professional licensing standard regarding a child or vulnerable adult, or exploitation or financial exploitation of a child or vulnerable adult? | **YES NO** |
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| **C. DRUG RELATED CRIMES** *(If* ***yes****, provide detailed information in Section G)* |
| Have you ever been charged or convicted of a crime related to the manufacture of, deliver, or possession with intent tomanufacture or deliver a controlled substance?  | **YES NO** |
| **D. MEDICARE/MEDICAID RELATED CRIMES** *(If* ***yes****, provide detailed information in Section G)* |
| Have you been debarred, excluded or otherwise ineligible for participation in federal health care programs?  | **YES NO** |
| Have you ever been convicted of any crime related to the delivery of services under Medicare/Medicaid or any state or federalhealthcare program, or convicted or any crime connected with the delivery of a healthcare item or service?  | **YES NO** |
| Have you ever been judged liable for civil monetary penalties for conduct related to the delivery of services, supplies, or otherparticipation in Medicare/Medicaid or any other state or federal healthcare program?  | **YES NO** |
| To your knowledge has your name ever appeared on the office of the inspector general’s list of excluded individuals?  | **YES NO** |
| Are you currently part of legal proceedings regarding possible exclusions from a federal health care program?  | **YES NO** |
| **E. HEALTH CARE LICENSURE** *(If* ***yes****, provide detailed information in Section G)* |  |
| Have you ever had your license as a health care practitioner revoked; and/or is there an action(s) listed on your health careprovider license?  | **YES NO** |
| **F. OTHER CONVICTION OF CHARGES INFORMATION** |  |
| Excluding the crimes listed above, within the past 10 years have you ever been convicted of **any other crime**? Do not includeparking tickets/traffic citations. If **yes**, please indicate all conviction dates, incarceration release date(s) and the nature of theoffense(s). Attach additional page(s) if needed. | **YES NO** |
| **G. FOR ALL ITEMS MARKED YES IN ABOVE SECTIONS PLEASE GIVE SPECIFIC DETAILS INCLUDING:**• The court or agency• Convictions, charges, and/or action dates• Sentences or penalties imposed• Incarceration release dates• Current standing (e.g. Parole, work release, suspended license, etc.) ***Please use a separate page if necessary*** |

**Acknowledgement Statement:**

I understand that in connection with my clinical courses I will be subject to criminal background checks to be conducted through Verified Credentials and Washington State Patrol. I understand that a current and/or record of conviction of the offenses specified in RCW 43.43.830, RCW 43.43.834, RCW 43.43.842 or other state or federal regulations may disqualify me from association with a training site and may affect my ability to complete the health science program if I am a student. I understand that any false statement, omission, or misrepresentation may disqualify me from association with a training site and/or may be grounds from dismissal from the health science program, and from TCC. UNDER PENALTY OF PERJURY under the laws of the State of Washington, I declare that this information is true, correct, and complete to the best of my knowledge. I understand that if I am accepted to a health science program, I can be discharged for any misrepresentation or omission in the above statement. I understand that I am obligated to notify the TCC Program Chair within 30 days, in writing, if I am charged or convicted of any crime or if any court or administrative determinations are made against me during the application period and/or while enrolled as a student/faculty and are subject to clinical training site approval. If TCC is unable to place a student/faculty at a clinical site due to his/her conviction/criminal history record or background report based on stricter regulations at the clinical training site, TCC is under no obligation to find another clinical site.

**Authorization for Repeat Background Checks and Dissemination of Results:**

I agree to pay for and provide TCC with ongoing criminal background checks conducted during my time as a student. I authorize dissemination of my self-disclosure information, background check results, and conviction records to clinical training sites as deemed necessary by TCC during my academic program, subject to the exclusions in RCW 43.43.830(6). I understand that TCC will provide the records listed above only with the condition that the receiving party or parties will be notified by TCC that they may not disclose the information to other parties, in a personally identifiable form, without my further consent, unless the other parties are otherwise eligible under federal or state law to receive the records. For example, a party may be eligible to receive a copy of my criminal history report in the event that I transfer, RCW 43.43.832(8), and/or if I am convicted within the past twelve months, RCW 43.43.8321. TCC has notified me that this authorization was necessary to potentially offer me a position, and will not conduct a background check otherwise. I understand that TCC shall notify me and provide a copy of the Washington State Patrol’s response within ten (10) days after they receive the results of the background check, RCW 43.43.834.

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Printed Name: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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